

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE - USE OF SEALED SOURCES IN INDUSTRIAL RADIOGRAPHY

See attached Form RHS 8-5R instructions - Use supplemental sheet where necessary. Be sure all items are completed and that all necessary attachments are furnished. If any portion of the application is not applicable specifically so state. Deficient or incomplete applications may be returned without consideration. Submit all material in duplicate.

1. (a) NAME AND ADDRESS OF APPLICANT	2. PREVIOUS LICENSE NUMBER(S) Indicate if application is for renewal or amendment of existing license.
1. (b) APPLICANT IS: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> <input type="checkbox"/> A Corporation <input type="checkbox"/> An Unincorporated association <input type="checkbox"/> Other <input type="checkbox"/>	3. LOCATION WHERE SEALED SOURCE(S) WILL BE: Used- Stored-

4. SEALED SOURCES TO BE USED IN INDUSTRIAL RADIOGRAPHY

RADIOACTIVE MATERIAL Element & Mass No.	MODEL NUMBER	MANUFACTURER	MAXIMUM ACTIVITY/SOURCE	NUMBER SOURCES
A.	A.	A.	A.	A.
B.	B.	B.	B.	B.
C.	C.	C.	C.	C.

5. EXPOSURE DEVICES AND/OR STORAGE CONTAINERS USED WITH THESE SOURCES

MODEL NUMBER	NAME OF MANUFACTURER
A.	A.
B.	B.
C.	C.

6. THE FOLLOWING INFORMATION MUST BE ATTACHED AS PART OF THIS APPLICATION: Check appropriate place and note at what page(s) of the attachments the referenced information is located.

	Attached	Page Number(s)
a. Description of radiographic facilities (Instruction 6-a)	a. <input type="checkbox"/>	a. ()
b. Description of radiation detection instruments to be used (Instruction 6-b)	b. <input type="checkbox"/>	b. ()
c. Instrument calibration procedures (Instruction 6-c)	c. <input type="checkbox"/>	c. ()
d. Personnel monitoring equipment (Instruction 6-d)	d. <input type="checkbox"/>	d. ()
e. Operating and emergency procedures (Instruction 6-e)	e. <input type="checkbox"/>	e. ()
f. Training program (Instruction 6-f)	f. <input type="checkbox"/>	f. ()
g. Internal inspection system or other management control (Instruction 6-g)	g. <input type="checkbox"/>	g. ()
h. Overall organizational structure (Instruction 6-h)	h. <input type="checkbox"/>	h. ()
i. Leak testing procedures (Instruction 6-i)	i. <input type="checkbox"/>	i. ()
j. Exposure device inspection and maintenance program (Instruction 6-j)	j. <input type="checkbox"/>	j. ()

7. The applicant and any official executing this certificate on behalf of the applicant named in Item 1. certify that this application is prepared in conformity with Tennessee State Regulations For Protection Against Radiation, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

DATE _____

Applicant named in Item 1

BY _____

Title of certifying Official